# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| APPLICANT(S) | |

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | | | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
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| 47 | | | | | | | 97 | | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/84)

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